



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
ALARM SYSTEMS CONTRACTORS BOARD
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TN 37243-1168
TEL: (615) 741-9771 FAX: (615) 532-2965

APPLICATION FOR EXCLUSION FROM ALARM CONTRACTOR CERTIFICATION AND LICENSURE REQUIREMENTS

T.C.A. §62-35-305(7)

Name of Licensed Electrical, Mechanical, or HVAC Contractor as it appears on the certificate

Mailing Address

Name of Owner or Responsible Individual

City

State

ZIP Code

Phone Number/FAX Number

E-mail Address (If Available)

ALARM SYSTEMS CONTRACTORS BOARD

AFFIDAVIT OF EXCLUSION FROM CERTIFICATION AND LICENSURE REQUIREMENTS

I, _____, of _____, after being duly
Name of Individual in Responsible Charge of Company Name of Contracting Company

sworn, deposes and says: _____, is an electrical, mechanical, or HVAC

Individual or Company Name

contractor licensee of the State Board for Licensing Contractors. The license number of the company is

_____. A photocopy of the license certificate is attached, _____
License Number Individual or Company Name

derives less than fifty percent (50%) of its gross annual revenue from the sale, installation, service and monitoring of burglar alarm systems, fire alarm systems, and closed circuit television systems.

FURTHER, Affiant saith not.

Affiant Signature

Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires on the _____ day of _____, 20____.